

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10669853 FILING DATE 09.24.95
 APPLICANT(S) _____

CLAIMS															
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						31		1						
2		1					32	1							
3	1						33		1						
4		2					34	1							
5		2					35		2						
6		2					36		2						
7		2					37		2						
8		2					38		2						
9		2					39		2						
10		2					40	1							
11		2					41		1						
12		2					42		1						
13	1						43		1						
14		1					44		1						
15	1						45		1						
16		2					46		1						
17		2					47		1						
18		2					48		1						
19		2					49		1						
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47		1													
48		1													
49		1													
50		1													
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

21
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91

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